

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

C#16211764 SL#27798

8868-62-036140  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 24 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b  
205 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY

c. CITY  
OR  
TOWN ST. LOUIS

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VAH, ST. LOUIS, MO.

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 1711 LOVEJOY LANE

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First  
HOMER

Middle  
J.

Last  
FINNIE

4. DATE  
OF DEATH SEPTEMBER 9, 1962  
Month Day Year

5. SEX  
MALE

6. COLOR OR RACE  
NEGRO

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
1/9/19

9. AGE (last birthday) 43  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
JANITOR

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
NEELYVILLE, MO.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

ETHEL B. FINNIE

13b. MOTHER'S MAIDEN NAME

ADA ROBINSON

none

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW 2

16. SOCIAL SECURITY NO.  
[redacted]

17. INFORMANT  
Address  
ETHEL B. FINNIE, NEELYVILLE, MO.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c) 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 2/16/62  
10:45

to 9/9/62  
P m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw him alive on 9/9/62

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

9/10/62

23a. BURIAL, CREMATION,  
REMOVAL

23b. DATE  
9/14/62

23c. NAME OF CEMETERY OR CREMATORY  
National Cemetery

23d. LOCATION (City, town, or county)  
St. Louis, County, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Grant Johnson 4352 Wash. Blvd.

25. DATE RECD. BY LOCAL REG.

SEP 13 1962

26. REGISTRAR'S SIGNATURE

Grant Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.